HO STATE DEPARTMENT OF AGRICULTURE

## IDAHO STATE DEPARTMENT OF AGRICULTURE FSMA PRODUCE SAFETY VERIFICATION FORM

Name:	Phone:		E	Email:		
Mailing Address:	Street	City	State	Zip Code		
	Street	City	State	Zip Code		
Name of Farm:			Farm Phone:			
Farm Address:						
	Street	City	State	Zip Code		
Check box for						
coverage (if known):	Not Covered	Qualified Exempt	Commercial Exemptio	n 🗌 Covered 🛛	Unknown	
What covered commodit	ties do you grow, har	vest, pack or hold?	Check all that apply.			
APPLES APRICOTS APRICOTS BLACKBERRIES CABBAGE CHARD CHERRIES For each question belo I. Is 100% of the product	e on your farm produ	LETT MELC MUS RIES NEC ONIC	UCE PEAS ONS PEAR HROOMS PEPPE TARINES PLUM ONS RADIS	S SC S SP SRS ST IS SI SH TC C	ASPBERRIES CALLIONS PINACH RAWBERRIES JMMER SQUASH DMATOES THER(write in bel	
2. Does your produce re adequately reduces the *If YES, please note that from the processor as or 3. Size of your operation average annual monetar (Please use enclosed "Av	ceive commercial pro presence of microorg to obtain a commeri utlined in § 112.2(b)( (in terms of the prev ry value of produce so	ocessing (kill step - p ganisms of public he icial processing exer 2)(3) vious 3-calendar yea old) 🗌 <\$25,000 [	pasteurization, dehydi ealth significance? mption you will need ar period preceeding t \$25,000-\$250,000 [] \$	YES NO to obtain written the current year, 250,000-\$500,000	assurance	
4. During the previous 3 of the food (as defined i monetary value of the fo	n § 112.3(c)) the farm	n sold directly to qu	alified end-users exce	ed the average a	nnual	

Consumer, Restaurant, or retail establishment. All qualified end-users must be within the same state or Indian Reservation, or no more than 275 miles from your operation.) Food: (1) articles used for food or drink for man or other animals, (2) chewing gum, and (3) articles used for components of any such article, and includes seeds and beans used to grow sprouts (as defined in 201(f) Food Drug Cosmetic Act.) (Please see Qualified Exempt Worksheet to assist with calculations.)

5. Was the average annual monetary value of all food (as defined in § 112.3(c)) the farm sold during the 3calendar year period preceding the current calendar year less than \$500,000.

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## \*For each question below check the boxes and/or fill in the information that applies to your operation.

\*If your produce is sold to retail, farmers markets, farm stands, large distributor, or other. Please check all that apply and write the percentage of sales to each?

Retail%	Farm Stand% Distribu	tor% 🗌 CSA	%Other%			
*Are you - Growing Harvesting Packing Holding Other (please explain)						
*Ag Water Source 🗌	] Ground 🔲 Surface 🗌 Public	*Irrigation Method	d 🗌 Drip 🔲 Sprinkler 🗌 Furrow			
*Approximate total ac	reage					
*Approximate acreage	e of covered commodity grown					
*What are your start and end dates for the following activities?						
Planting t	0 Harvesting	t o Packing	g to			
Additional Comments	:					
Signature:		rev	Qualified exempt farms need to annually review farm sales records, complete this form and submit to ISDA for exemption consideration.			
Title:		Date:				
For official use only	Date Received:	Da	Date Reviewed:			
Y or N Paperwo If No, provide con	rk reviewed and no discrepancies <i>nment</i> :	Reviewed By:				
Send form to:	ISDA FSMA Produce Program	n Ema	ail: <u>fsma@isda.idaho.gov</u>			
	PO BOX 7249 Boise, ID 83707	Phor	ne: (208) 332-8500			

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